Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

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SASKATCHEWAN FORMULARY BULLETIN

Update to the 61st Edition of the Saskatchewan Formulary

Product	DIN	Pre-Markup ($)	Unit Price ($)
New Non-Interchangeable Full Formulary Listings Effective January 1, 2012:			
BGStar			
Blood Glucose Test Strips (AVT)	97799465	0.6750	0.7324
BGStar			
Lancet (AVT)	97799466	0.0650	0.0706
Creon 6			
Pancrelipase (Lipase/Amylase/Protease) (ABB)			
6000U/30000U/19000U capsule	80025653	0.1703	0.1848
New Exception Drug Status (EDS) Listings Effective January 1, 2012:			
Effient tablet (prasugrel) (LIL)			
10mg tablet	02349124	2.6596	2.8857

For treatment initiated by a cardiologist in patients under 75 years of age and over 60kg with stent thrombosis while on clopidrogrel in the preceding 28 days.

Janumet tablet (sitagliptin/metformin HCl) (MRK)			
50mg/500mg tablet	02333856	1.5200	1.6492
50mg/850mg tablet	02333864	1.5200	1.6492
50mg/1000mg tablet	02333872	1.5200	1.6492

For the convenience of patients who have been stabilized on metformin and sitagliptin.
Please note: These product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*
- *Drug Plan coverage is intended for sitagliptin as part of combination diabetes treatment (e.g., not as monotherapy).*

Product	DIN	Pre-Markup ($)	Unit Price ($)
Januvia tablet (sitagliptin phosphate) (MRK)			
100mg tablet	02303922	2.8050	3.0435

For the treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea.
Please note: These product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*
- *Drug Plan coverage is intended for sitagliptin as part of combination diabetes treatment (e.g., not as monotherapy).*

Onglyza tablet (saxagliptin) (BMY)			
5mg tablet	02333554	2.7560	2.9903

For the treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea.
Please note: These product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*
- *Drug Plan coverage is intended for saxagliptin as part of combination diabetes treatment (e.g., not as monotherapy).*

Additional Formulation of a Current Exception Drug Status Effective January 1, 2012:

linezolid, oral suspension (Zyvoxam-PFI)			
100mg/5ml	02243686	2.3994	2.6034

Following consultation with an infectious disease specialist.
For treatment of:

(a) Gram-positive infections in patients resistant to vancomycin.
(b) Gram positive infections in patients intolerant to or experiencing severe adverse effects from vancomycin, and;
(c) For completion of therapy initiated in hospital with intravenous vancomycin, quinupristin/dalfopristin or linezolid for patients who can be discharged on oral therapy.

Revised Exception Drug Status Criteria (see italicized portion) Effective January 1, 2012:

fluconazole, powder for oral suspension, 10mg/mL (Diflucan-PFI); tablet, 50mg, 100mg (Diflucan-PFI) (Novo-Fluconazole-NOP) (Apo-Fluconazole-APX) (Mylan-Fluconazole-MYL) (pms-Fluconazole-PMS) (Dom-Fluconazole-DOM) (*CO* Fluconazole-COB)

For treatment of:

(a) Fungal meningitis in immunocompromised patients.
(b) Severe or life-threatening fungal infections.
(c) Severe dermatophytoses unresponsive to other forms of therapy including ketoconazole.
(d) For fungal prophylaxis in post bone marrow/stem cell transplant patients or severely immunocompromised malignant hematology patients (i.e. leukemia).
Note: the 150mg capsule form of fluconazole is listed as a regular benefit in the Saskatchewan Formulary.

pioglitazone HCl, tablet, 15mg, 30mg, 45mg (Actos-TAK) (Apo-Pioglitazone-APX) (CO Pioglitazone-COB) (Mylan-Pioglitazone-MYL) (Novo-Pioglitazone-NOP) (pms-Pioglitazone-PMS) (ratio-Pioglitazone-RPH) (Sandoz Pioglitazone-SDZ) (Accel Pioglitazone-ACC) (Mint-Pioglitazone-MNT) (Pioglitazone-AHI) (Jamp-Pioglitazone-JPC) (Ava-Pioglitazone-AVA)

For treatment of patients with Type 2 diabetes who have had previous prescriptions for metformin **and** a sulfonylurea.
Please Note: These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, *and for whom insulin is not an option.*

- *Due to greater evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH before considering other agents.*
- *Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available as a full formulary benefit).*

New Hospital Benefit Drug Listings Effective January 1, 2012:

micafungin sodium, IV powder for solution, 50mg, 100mg (Mycamine-APC)

When administered in consultation with an infectious disease specialist.

lacosamide, injection, 10mg/ml (20ml vials) (Vimpat-UCB)

For the adjunctive treatment of refractory partial-onset seizures in patients who meet all of the following criteria:

- Are currently receiving two or more antiepileptic drugs; **AND**
- All other antiepileptic drugs are ineffective or not appropriate; **AND**
- The medication is being used under the direction of a neurologist.

Drugs Reviewed and Not Approved for Listing in the Saskatchewan Formulary:

- **Actonel DR** delayed release tablet, 35mg (risedronate) (WCI)
- **Nuycnta CR** controlled-release tablet, 50mg, 100mg, 200mg, 250mg (tapentadol) (JAN)
- **BuTrans** transdermal system,5mcg/hr, 10mcg/hr, 20mcg/hr (buprenorphine) (PFR)
- **Victoza** solution for injection, 6mg/ml pre-filled pen (liraglutide) (NOO)
- **Zenhale** inhalation aerosol, 50mcg/5mcg (mometasone furoate/formoteral dehydrate) (MRK)
- **Toctino** capsule, 10mg, 30mg (alitretinoin) (ACT)

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